

编号/No. W611170146	
兹证明/This is to certify that [name] 梁泓禧/LIANG HONGXI	
出生日期/Date of birth 1999年06月07日/07 Jun, 1999	性别/Sex 男/Male
国籍/Nationality 中国/China	
国家身份证(如有)/National identification document, if applicable 440681199906074238	
其本人签字为/Whose signature follows	



根据《国际卫生条例》在指明的日期接种了疫苗或接受了预防措施。
Has on the date indicated been vaccinated or received prophylaxis against, in accordance with the International Health Regulations

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黄热病国际预防接种或复种证明 INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER	
日期 Date	
主管临床医师的签名和专业状况 Signature and professional status of supervising clinician	施种机构的印章 Official stamp of administering centre
疫苗或预防制品的生产厂商批号 Manufacturer and batch No. of vaccine or prophylaxis	
接种剂量 Vaccination dose	
证书有效期 从 Certificate valid. From	至 until

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Needs mMR
Tdap
TB

其他预防接种证明/CERTIFICATE OF OTHER VACCINATIONS

疫苗或预防措施/Vaccine or prophylaxis

麻疹风疫苗/MMR

皮下注射/SC

日期
Date 2016年11月18日

18 Nov, 2016

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician

副主任护师 Deputy Chief Nurse

疫苗或预防制品的生产厂商批号 上海生物制品研究所
Manufacturer and batch No. Shanghai Institute of Biological Products Co., Ltd.
of vaccine or prophylaxis 201511184接种剂量
Vaccination dose 0.5ml证书有效期 从 至
Certificate valid. From until施种机构的印章
Official stamp
of administering centre

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疫苗或预防措施/Vaccine or prophylaxis

日期
Date主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis接种剂量
Vaccination dose证书有效期 从 至
Certificate valid. From until施种机构的印章
Official stamp
of administering centre

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